



Parks & Forestry Operations Center
403 E. Center St.
Rochester, MN. 55904
Office: 507-328-2515
Fax: 507-328-2511
Email: ForestryService@rochestermn.gov

EMERALD ASH BORER INSPECTION NOTICE (WINTER)

Property Owner [F11] Date of Notice [F11]

Address [F11]

The following described property has been inspected for Emerald Ash Borer (EAB) nuisance:

Address [F11] Pin Number [F11]
Other [F11]

All infested trees will be marked with a **green 'X'** or **'T'** and have been positively diagnosed and/or declared a public nuisance according to City Ordinance #47. **The property owner must manage the removal or treatment of all marked trees and must return the included Private Tree Work Permit to the Forestry Division within 10 days from the date printed on this notice via mail, email, or fax.**

X - Marked Trees - If your tree is marked with an **'X'** the tree must be removed within **20 days** from the date printed on this notice. Tree removal does not require full removal of the stump. The stump must be cut to 6" or less.

T - Marked Trees - If your tree is marked with a **'T'** the City of Rochester allows for two options to deal with the infested tree:
Option 1) Treatment. A city licensed contractor¹ may be hired to start a chemical treatment program. Treatment must be administered prior to July 1 following the date of this notice. Proof of treatment must be submitted to the Forestry Division.
Option 2) Removal. Follow the removal protocol for **'X-Marked Trees'** as described above.

If the property owner fails to remove a diagnosed tree or provide proof of chemical treatment within the specified time frame, the City will manage the removal.

The City will obtain unit² bids from licensed and insured contractors for the removal of the infested trees. The cost for removal of the infested tree will not be known until the City requests quotations from contractors for the removal. The removal does not include removal of the stump. The property owner will be billed for the removal and disposal costs incurred by the City as well as an administrative fee of \$37.50 for each property identified on this notice. Property owners who wish to obtain more specific information relative to the removal procedure, or if you no longer own the property, or this notice was sent to you in error, please contact the Forestry Division.

All infested wood is to be disposed of at a Minnesota Department of Agriculture approved wood waste facility. At no time is infested ash wood allowed to be stored in Rochester.

All commercial tree work contractors are required by ordinance to be licensed to work in Rochester. A list of licensed and insured tree care companies is attached and is available online at www.rochestermn.gov.

Please assist in preventing the spread of EAB by only hiring companies that properly dispose of infested wood. To learn more about the spread of EAB or how you might protect your healthy ash, visit the University of Minnesota Extension Service website (www.extension.umn.edu).

¹ Contractor must have an ISA certified arborist on staff and possess a commercial applicator license.

²Unit bids are defined as costs for removal of each infested tree.



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PERMIT MUST BE RETURNED WITHIN 10 DAYS OF DATE PRINTED ON NOTICE

Private Property Tree Work Permit Application
EAB INSPECTION NOTICE (WINTER)

Property Owner [F11] Date of Notice [F11]

Address [F11]

The following described property has been inspected for EAB nuisance:

Address [F11] Pin Number [F11]
 Other [F11]

This permit must be filled out and returned to the Parks and Forestry office via email, mail, or fax within 10 days from the date printed on this notice.

TYPE OF WORK (Select One)

CITY MANAGES REMOVAL OF TREE & BILLS PROPERTY OWNER

PROPERTY OWNER MANAGES REMOVAL OF TREE

- o Removal must take place 20 days following date on this notice. If licensed contractor is hired to perform work, please indicate name of contractor and date work is to be completed below.

PROPERTY OWNER MANAGES CHEMICAL TREATMENT PLAN¹

- o Treatment: Injection method utilizing Emamectin benzoate must be administered prior to July 1 following the date of this notice. Please indicate name of contractor and date work is to be completed below.

Name of Contractor Hired: _____

Date Contractor Will Remove or Treat Tree: _____

Preferred Method of Contact:

Property Owner Phone Number: _____

DO NOT WRITE IN THIS SPACE
 DEPARTMENT USE ONLY

Permit Conditions:

Permit Approved _____ Permit Denied _____ Date _____ Forestry Dept _____

Property owner Email: _____

¹ Contractor must have an ISA certified arborist on staff and possess a commercial applicator license. A list of eligible contractors is included with this letter.

